

**Express Plan Check Requirements for Sub-trades
(Plumbing, Mechanical, and Electrical)**

Handout No. 2-6

Published: 8/21/00

Revised 5-21-08

Page 1 of 2

Express plan check is an expedited review process for less complicated Plumbing, Mechanical and Electrical plan checks.

Plan Check for: ☐ Plumbing ☐ Mechanical ☐ Electrical

To obtain an express plan review appointment you must comply with the following:

1. Make an advanced appointment by calling 535-3555 a minimum of 24 hours in advance. A non-refundable plan review fee will be assessed at the time of appointment request which will be charged to your credit card. If your appointment is canceled or rescheduled by 5:00 pm two business days prior to your appointed time no fee will be assessed.
2. Appointments are available Monday through Friday between 8:00 AM and 11:00 AM. for integrated project review (sub-trade reviews submitted with building review) and from 1:00 to 2:00 P.M. for individual reviews.
3. You must have one of the following:
 - A Building Plan Check Number PC# _____
 - A Building Permit Number BP# _____
 - The scope of work for entire project includes only Plumbing, Mechanical or Electrical.

The following must be completed prior to your appointment:

- Building Permit form completed
- The applicable minimum document submittal checklist must be completed.
- The Sub-trade fee estimate worksheet must be completed.

Projects that Qualify for Express Plan Check are as follows:

(See attached quick reference for definitions of occupancy groups)

- The project is a tenant improvement for an existing space and the total area of improvement is less than 20,000 square feet.
- The occupancy group per 97'UBC for the tenant area is either a B, F, M, S1, S2 or a car service station classified as an S3 occupancy.
- If the project includes an approved spray booth, Fire Departmental approval must be provided.
- If the project is a food and drinking establishments (restaurant) classified as a B occupancy, the dining area must be less than 750 sq. ft. and the work proposed is limited to the customer service area only. Projects where work is proposed in the kitchen, food preparation, and/or food storage areas do **NOT** qualify for express, but may qualify for Intermediate review.
- Plans must be prepared according to the Building Division's published minimum submittal requirements.
- Two (2) sets of plans stamped and signed by the design professional must be provided, a Plumbing, Mechanical Electrical contractor may sign the plan.
- In order to facilitate recycling of plans please have plans prepared as recyclable black line prints.
- A representative who is authorized to make red-mark changes to the plan must be present.
- The following occupancy groups do NOT qualify for express plan check: A, E, H, S3 parking garage, S4, H, I, or R1.

Building requires a reservation deposit be provided to secure an appointment. The reservation fee will be a one-hour minimum fee, which will be credited toward your plan review fee when you come at the appointed time. No shows or late cancellations will be assessed a one hour minimum fee which will not be credited toward any other service at another time.

The Fee for an Express Plan Check is \$273.00 per hour.

In order to facilitate recycling of plans please have plans prepared as recyclable black line prints.

Quick Reference on Selected Occupancy Groups per 97' UBC

*Note: Refer to 97' UBC for a complete list and details. Check with your architect or building official for accurate occupancy classification.

The Following Occupancy Groups May Qualify For P/M/E Express Plan Check for Tenant Improvements less than 20,000 sq. ft..

Group B: Business. Buildings used for office, professional or service-type transactions. Some examples are banks, medical offices, beauty shops, professional offices, or similar uses. Dining areas less than 750 sq. ft. may be classified as B occupancies.

Group F: Factory and Industrial. Buildings used for industrial assembling, fabricating, finishing, manufacturing, packaging, repair or processing operations that are not classified as Group H Occupancies. Some examples are processing facilities for: clothing, machinery, plastic products, woodworking, glass products, steel products, engines, photographic film, furniture, and similar uses.

Group M: Mercantile. Buildings used for display and sale of merchandise, such as department stores, drug stores, markets, shopping centers, or retail stores.

Group S: Storage. Buildings used for storage (not classified as H occupancies), such as warehouses (S1 or S2) or repair garages that have no open flame (S3).

The Following Occupancy Groups Do Not Qualify for P/M/E Express Plan Check:

Group A: Assembly Buildings. The use of a building, room or space for gathering together of 50 or more persons for civic, social or religious functions, recreation, education or instruction, food or drink consumption, or awaiting transportation. Some examples are churches, dining & drinking establishments (restaurants), theaters, gymnasiums, auditoriums, lounges, classrooms, conference facilities, or similar uses.

Group B: Business. Food service establishments where the scope of work includes work in the kitchen, food preparation, and/or food storage areas.

Group E: Educational. Buildings used for education through 12th grade or day-care purposes, such as high/middle/elementary schools, or day-care centers.

Group H: Hazardous. Buildings or portions thereof that involve the manufacturing, processing, generation or storage of materials that constitute a high fire, explosion or health hazard that the amount used has been determined by the Fire Department to be in the Group H occupancies. Some examples are repair garage with welding, chemical storage rooms, semiconductor facilities, chemical plants, battery rooms, and similar uses.

Group I: Institutional. Buildings used for nurseries, hospitals, nursing homes, jails, and similar uses.

Group R-1: Residential. Buildings such as motels, hotels, and apartments classified as R1.

Group S3 & S4: Closed parking garages (S3), and open parking garages (S4).

City Of San Jose Building Permit

PERMIT #: _____

Issuance Date: ____/____/____ Issued By: _____

(Please print clearly and fill in all that apply)

PROJECT ADDRESS: _____

ASSESSOR PARCEL # _____ CITY: San Jose/Santa Clara County

APPLICANTS NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (____) _____ FAX #: (____) _____

E-MAIL ADDRESS: _____

TENANT COMPANY NAME: _____

OWNERS NAME: _____

PHONE #: (____) _____ FAX #: (____) _____

(Jurisdictions may require written approval from the owner)

☐ ARCHITECT ☐ ENGINEER

LICENSE/REGISTRATION #: _____

NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: (____) _____ FAX #: (____) _____

E-MAIL ADDRESS: _____

PROJECT CONTACT PERSON: _____ PHONE #: (____) _____ FAX #: (____) _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CONTRACTOR

LICENSE #: _____ LIC. CLASS(ES): _____ PHONE #: (____) _____

COMPANY NAME: _____ FAX #: (____) _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CITY/STATE/ZIP: _____ BUSINESS LIC #: _____

Licensed Contractors Declaration: I hereby affirm *under penalty of perjury* that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. Date: _____ Contractor Signature: _____

Owner-Builder Declaration: I hereby affirm *under penalty of perjury* that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9, (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500):

- ☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale).
- ☐ I, as owner of property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the project with a contractor(s) licensed pursuant to the Contractors License Law).
- ☐ I am exempt under Sec. _____, B & P.C. for this reason _____

Date: _____ Owner Signature: _____

Workers' Compensation Declaration: I hereby affirm *under penalty of perjury* one of the following declarations:

- ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

CARRIER: _____ POLICY NO. _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

- ☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date: _____ Applicant Signature: _____

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney fees.

Construction Lending Agency Declaration: I hereby affirm *under penalty of perjury* that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name: _____ Lender's Address: _____

I Certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant/Agent: _____ Date: _____

Printed Name of Applicant/Agent: _____



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Date: _____ Date: _____
Intake Int: _____ Plan Check Int: _____

Minimum Document Submittal Checklist - Plumbing

Project Name: _____ PC# _____

Project Address: _____

Permit Center Staff will review this checklist as a reference guide prior to plan submittal for completeness check.

Residential: ☐ New ☐ Alteration **Com/Ind:** ☐ New ☐ TI

	Documents Submitted	Documents Required	
Documents	Applicant	Intake	PC
Submittal Form or Building Permit Form Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fee Estimate Worksheet completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scope of Work on Cover Sheet		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing Fixture Schedule		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Material list for waste, vent, water, gas and condensate piping		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Square footage of the project		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor layout with dimensions		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legend for symbols		<input type="checkbox"/> Yes <input type="checkbox"/> No	
One line plumbing plans and isometric drawing of waste and vent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
One line plumbing plans and isometric drawing of water piping		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculation for pipe sizing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Low and high static water pressure		<input type="checkbox"/> Yes <input type="checkbox"/> No	
One line plumbing plans and isometric drawing of gas piping		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List of all gas appliances and associated Btu		<input type="checkbox"/> Yes <input type="checkbox"/> No	
One line plumbing plans of condensate piping system		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food and Drinking Establishments		<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Health Department and San Jose Water Pollution Control Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved Spray Booth		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water supply and backflow protection for any water wash down filter system		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Method of disposal of the waste water		<input type="checkbox"/> Yes <input type="checkbox"/> No	

To be filled out by Applicant

I understand that an incomplete plan check submittal may result in delays in plan check.

Applicant Name

Signature

Date

Building Division Submittal Form

Date: _____ Date: _____
Intake Int: _____ Plan Check Int: _____

Minimum Document Submittal Checklist - Mechanical

Project Name: _____ PC# _____

Project Address: _____

Permit Center Staff will review this checklist as a reference guide prior to plan submittal for completeness check.

Residential: ☐ New ☐ Alteration **Com/Ind:** ☐ New ☐ TI

	Documents Submitted	Documents Required	
Documents	Applicant	Intake	PC
Submittal Form or Building Permit Form Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fee Estimate Worksheet completed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scope of Work on Cover Sheet		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title 24 Energy		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanical Equipment Schedule Rated in BTU's/hrs		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Square footage of the project		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor layout with dimensions		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legend for symbols		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locations, sizes and materials of all equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locations of all air dampers, fire dampers, smoke-fire dampers, and combustion-products-type smoke detectors		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire-resistive separations detailed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Corridor construction details with openings and penetrations detailed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food & Drinking Establishments		<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Health Department and San Jose Water Pollution Control approved plans for review		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HVAC plans showing all units, size of ducts, roof plan showing locations of roof equipment, distances from exhaust or make-up air to building openings and from property lines		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cut sheets on all hoods, exhaust fans, make-up air units and equipment under hoods		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calculations for all hoods		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spray Booth		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of approved spray booth listing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Btu of heating units listed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof plan showing locations of exhaust outlet and make-up air per 1997 UMC Section 505.9		<input type="checkbox"/> Yes <input type="checkbox"/> No	

To be filled out by Applicant

I understand that an incomplete plan check submittal may result in delays in plan check.

Applicant Name _____

Signature _____

Date _____



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Date: _____ Date: _____
Intake Int: _____ Plan Check Int: _____

Minimum Document Submittal Checklist - Electrical

Project Name: _____ PC# _____

Project Address: _____

Permit Center Staff will review this checklist as a reference guide prior to plan submittal for completeness check.

Residential: ☐ New ☐ Alteration **Com/Ind:** ☐ New ☐ TI

	Documents Submitted	Documents Required		
Documents	Applicant	Intake		PC
Submittal Form or Building Permit Form Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fee Estimate Worksheet completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Site Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Scope of Work on Cover Sheet		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Single line diagram including Main Switch Board		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electrical load calculations including Main Switch Board		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electrical Panel Schedules		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Square footage of project		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Floor plan showing power circuitry and panel locations		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reflected ceiling plan showing circuitry and Title 24 switching		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Roof plan showing roof mounted equipment and service receptacles		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electrical room floor plan with dimensions in 1/4" scale minimum		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Title 24 Energy Lighting Documentation		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
AIC rating on new electrical service		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Letter from PG&E for available fault current at Main Service		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

To be filled out by Applicant

I understand that an incomplete plan check submittal may result in delays in plan check.

Applicant Name

Signature

Date